

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037407

9556

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1428 N. Newstead

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Julia

Middle

Mae

Last

Byrd

4. DATE OF DEATH

Month

Sept

Day

21

Year

1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married

Widowed ☐

8. DATE OF BIRTH

5/6/1922

9. AGE (last birthday)

41

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

11. BIRTHPLACE (City and state or country)

Miss.

U. S. A

13a. FATHER'S NAME

Ike Carter

13b. MOTHER'S MAIDEN NAME

Gussie

14. NAME OF HUSBAND OR WIFE

Robert Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert Byrd 1428 N. Newstead

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock resulting from toxic changes subsequent to massive third degree burns suffered when clothing became ignited

while near gas stove in home about 10:30 p.m.

Aug. 31, 1963. ACCIDENT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

see above

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

10:30 P.M. 8/31/63

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Carl

22c. DATE SIGNED

9-24-63

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Sept. 25, 1963

23c. NAME OF CEMETERY, OR CREMATOR, ETC.

Clarksdale, Mississippi

24. FUNERAL DIRECTOR

1221 N. Grand Blvd.

25. DATE REC'D. BY LOCAL REG.

SEP 24 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence C. Green

Licensed Embalmer No. 4755

P. O. Address

1221 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

